

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin

-vs-

**Petition for Determination of
Eligibility for the Earned
Release Program
§302.05(3)(e)**

_____, Defendant

Name

Case No. _____

Date of Birth

1. I am presently serving the confinement portion of a bifurcated sentence.
2. I was not convicted of a crime specified in chapter 940 or §§948.02, 948.025, 948.03, 948.05, 948.055, 948.06, 948.07, 948.075, 948.08 or 948.095, Wisconsin Statutes.
3. My sentence was imposed
 - ☐ a. on or after July 26, 2003, the effective date of the Earned Release Program. The sentencing court did not determine if I was eligible or ineligible to participate in the Earned Release Program.
 - OR**
 - ☐ b. before July 26, 2003, the effective date of the Earned Release Program.
4. **Attached is form CR-264, Department of Corrections Approval to File Petition for Determination of Eligibility for the Earned Release Program.**
5. **A copy of this petition is being served on the district attorney who prosecuted me. The district attorney may file a written response.**

I request the sentencing court to determine if I am eligible or ineligible to participate in the Earned Release Program within 90 days after the filing of this petition.

Signature of Petitioner

Name Printed or Typed

Date

Distribution:

1. Court – Original
2. Inmate
3. District Attorney